

Illinicare Health Plan appreciates the opportunity to comment on *“The Path to Transformation”* concept paper for a potential 1115 Medicaid waiver. We remain supportive of the vision for transforming the health care delivery system and have committed to the process for change, including active participation in HFS’ Care Coordination Initiative, the Alliance for Health Steering Committee and the implementation of the Colbert Decree. While we understand that this is meant only as a concept paper, we do have concerns with some of the direction that seems to be indicated – and remain very anxious to see further details. Given this lack of detail, we are very concerned with the aggressive timeline outlined, and the ability for stakeholders to provide input and insight before the waiver is finalized and submitted, especially with the holidays falling right in the middle of the process. We believe that the time provided for input and engagement from stakeholders is insufficient given the huge impact this waiver will have on providers, the State administration, and most importantly, Medicaid beneficiaries. Per the invitation to comment, we respectfully submit the following based on the “pathways” outlined in the paper:

Home and Community-Based Waiver Services – Illinicare supports the idea of focusing waiver services based on client needs, rather than type of disability – and believe consolidating all the various waivers makes a great deal of sense. We further agree that for those that live in poverty, remaining healthy presents particular challenges. We are unclear however, how the waiver proposes to address environmental, social, cultural, and other important social determinants of health, particularly as many of the State programs addressing these issues are not within the purview of the Medicaid program. With regard to behavioral health expansion and integration, the investments in training and HIT suggested on page 7 of the paper are all worthwhile, but we would suggest that a key driver of poor outcomes for those living with behavioral health issues is the severe lack of access and capacity within the community-based system. The investments suggested do not address how the waiver will help to expand actual *capacity* within the system. If beneficiaries cannot access community-based care in a

timely manner, the cycle of high-cost ER visits and hospitalizations will continue – and this will be more acutely felt as the newly-eligible population enters into the Medicaid program. We would strongly encourage including behavioral health “capacity-building” activities as “CNOM” services, including capital and workforce investments. Finally, we strongly support the idea of including supportive housing as a “CNOM” Medicaid service, as stable housing is critical in recovering and maintaining health.

Delivery System Transformation – Illinicare has been an active partner with the State and fully supports transformation from a fee-for-service system to a risk-based coordinated care system for the Medicaid program. We believe such a transition is the best way to improve care outcomes for beneficiaries and reduce costs for the State. We find it deeply troubling that the paper does not seem to view MCOs as partners in delivery system transformation, but rather focuses solely on provider-sponsored entities as the path to transformation. Furthermore, we strongly oppose using savings generated from the success that MCOs have had in “bending the cost curve” to invest in creating these new models. We do not oppose the development of integrated delivery systems and provider-sponsored entities – we believe they will be an integral part of the system; however, we also believe in fairness and a level playing field among entities and that allowing MCOs and providers/IDSs to work collaboratively is the best path to success. Each brings a skill set and value to the table, and we believe by working together we can build a system that allows each to focus on their areas of strength, while achieving the desired outcomes. Investing savings generated from MCOs to build infrastructure and expertise that is already available in the marketplace does not align with the overall goal of saving money, and creates an unfair competitive advantage in the market. We would hope the waiver process would view MCOs as partners in transformation and suggest looking at ways to incentivize collaboration among current players as opposed to developing parallel and redundant structures.

We fully support the idea of the access assurance pool to assist safety net providers in ensuring access for beneficiaries and for incentives for providers to transition to new models of care – including downsizing and re-sizing capital investments to focus on community-based care and less on inpatient and/or institutional capacity. These types of transitions are critical and present real challenges for the provider community.

21st Century Workforce: Illinicare encourages using the waiver to support workforce investment, particularly in the areas of primary care, care coordination and community health workers. The transformation envisioned will require a very different approach to care – and therefore different types of care-givers. In fact, we would support more of the waiver dollars going to invest in primary care training (physician and nurse-based), behavioral health care providers, and care coordination/team-based care training than in developing new CCE/ACE infrastructure. Lack of access to appropriate providers is a key driver of high costs and poor outcomes. This will become a more acute issue as Medicaid expansion kicks in and more beneficiaries move to coordinated care arrangements that are centered around primary care health homes.

Thank you for the opportunity to share our comments and thoughts on the concept paper. We look forward to working together with the State on this important endeavor.